

QUARTERLY PROGRESS REPORT EQUIPMENT AND/OR TRAINING PROJECTS



Following the instructions, please provide the information as indicated. Status reports must be received by Office of Criminal Justice Assistance (OCJA) 30 days after completion of the first three months even if the project has not been implemented. Use additional sheets as necessary.

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|-----------------------------|------------------------|
| 1. Project Title _____ | 2. Grant Award # _____ |
| 3. Grantee _____ | 4. Grant Period _____ |
| 5. Mailing Address _____ | |
| 6. Report Period _____ | 7. Telephone _____ |
| 8. Report Prepared By _____ | 9. Title _____ |

PROGRESS REPORT REQUIREMENTS

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|---|----------------------------------|--|
| 9 | 1 st Progress Report | A narrative to cover the first 3 months (first quarter) of operation |
| 9 | 2 nd Progress Report: | A narrative and statistical report covering the second quarter of operation. |
| 9 | 3 rd Progress Report: | A narrative and statistical report covering the third quarter of operation. |
| 9 | 4 th Progress Report: | A narrative and statistical report covering the fourth quarter of operation. |

IS THIS A FINAL PROGRESS REPORT FOR THIS PROJECT? 9 YES 9 NO

BJA guidelines require the commencement of a project within sixty days of start date of award period. If a project is not operational, a report by letter to OCJA must outline steps taken to initiate the project. If a project is not operational within 90 days of the original start date of the award period, a second statement must be submitted to OCJA explaining the delay. OCJA reserves the right to cancel the project and redistribute the funds to other areas.

9 YES	9 NO	Project commenced within 60 days of award notification. If NO, please explain. Include outline of steps taken to initiate the project and the reasons for delay as well as an expected start date.
9 YES	9 NO	Project commenced within 90 days of award notification. If NO, please explain why project has not commenced and the anticipated start date.

GOALS & OBJECTIVES

Please indicate the status of each Goal & Objective as outlined in your Grant Application. Include the projections for each quarter versus the actual.

GOAL #1: (List goal)

Objective #1: (list objective)

Objective #2: (list objective) etc.

GOAL #2: (List goal)

Objective #1: (list objective) etc.

Goal #1 Objectives	PROJECTED TOTAL	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	TOTAL TO DATE
1						
2						
3						
4						
Goal # 2 Objectives	PROJECTED TOTAL	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	TOTAL TO DATE
1						
2						
3						

NARRATIVE:

If the project is not meeting its goals and objectives, explain why. If applicable explain the problems causing the delay and what is being done to rectify the situation. If appropriate identify changes needed to accomplish the project. State if technical or other assistance is needed during the coming quarter. If assistance has been provided, state the problems addressed and the results of the assistance provided. Are you satisfied with the results you have achieved this quarter? Explain.

EQUIPMENT/SUPPLIES:

Please list each piece of equipment and/or supplies purchased through this grant.
Describe the purpose and location of each piece of equipment and/or supplies.

DESCRIPTION	USE/LOCATION

How is this equipment benefiting your program/agency?

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TRAINING:

Please list the training, date of training, and the number of staff attending the training funded through this grant.

TRAINING COURSE	DATE	# OF STAFF

Please describe how this training has benefited your program/agency.

EVALUATION:

Explain success or failure of project to date. _____

If project has been unsuccessful, what measures will be taken to ensure success? _____

Do you feel that the Office of Criminal Justice Assistance is providing the aid you need for this project? If not, please explain what we can do to provide the services you require.

COMMENTS:

I CERTIFY THAT THIS REPORT IS ACCURATE AND IN ACCORDANCE WITH OCJA POLICIES AND PROCEDURES.

Signature - Project Director

Title

Date

REVIEWER'S COMMENTS (For OCJA use only)

Program Manager Signature